PATENT APPLICATION FEE DETERMINATION RECORD													
Effective December 29, 1999											18	99	<u> 3 1 </u>
CLAIMS AS FILED - PART I (Column 1) (Column 2)									AALL YPE	ENTITY	OR		THAN ENTITY
FOR			NUMBE	ER FILED		NUMBER	EXTRA	R	ATE	FEE	7	RATE	FEE
BASIC FEE					. :	: 1	Œ.			345.00	OR		690.00
TOTAL CLAIMS			3 7 minus 20			= 17		X	\$ 9=		OR	X\$18=	306
INDEPENDENT CLAIMS			9 minus 3 = 1 6					X	X39=			X78=	468
MU	LTIPLE DEPEN	IDENT	CLAIM PRESENT						20		OR	.050	1-0
• If	* If the difference in column 1 is less than zero, enter "0" in column 2								30= TAL	<del> </del>	OR	+260= TOTAL	1469
1-5 04 CLAIMS AS AMENDED - PART II OTHER THA													
1	(Column 1) (Column 2) (Column 3)						SA	ALL	ENTITY	OR	SMALL		
AMENDMENT A		REM AF	AIMS AINING TER IDMENT	*	PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		37	Minus		37	=	X	9=		OR	X\$18=	
	Independent			Minus	PENIC		= \	X	39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+1	30=		OR	+260=	
6-21-04 (Column 1) (Column 2) (Column 3)									OTAL	Q	OR	TOTAL ADDIT, FEE	
6									,		9 '	ADDITE CE	
AMENDMENT B		REM.	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	ATE.	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 3	1	Minus	**	37	= [	XS	9=		OR	X\$18=	
	Independent	NTATIC	Q DE MI	Minus	···		= \	X	9=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									30=		OR	+260=	
											OR	TOTAL ADDIT. FEE	
ADDIT FEE ADDIT FEE ADDIT FEE ADDIT FEE ADDIT FEE													
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT			PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	44		=	X\$ 9=			OR	X\$18=	
	Independent			Minus			=	X3	9=			X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260=	
!	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR ,	TOTAL ADDIT. FEE	
	The Highest Num							found in	the ap	propriate box	( in coli	umn 1,	